

L22 000 432 398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

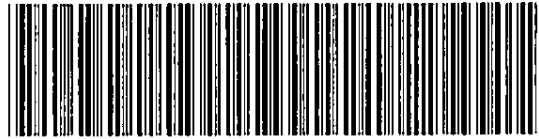
(Document Number)

Certified Copies _____

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SEBRING TROPICAL FARMS LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

12. Penders Printing - Tallahassee, FL 32301

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ ☒ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEBRING TROPICAL FARMS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BOB PATEL

Name of Person

ACCOUNTAX SERVICES

Firm/Company

2323 TOPAZ ISLE LANE

Address

APOPKA, FL 32712

City/State and Zip Code

Bob@AccountTaxService.Net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOB PATEL

407 252-4538
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SEBRING TROPICAL FARMS LLC

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR/V	ABDAS, PARTHASARADHI	4939 TOLEDO BEND DR	<input type="checkbox"/> Add
		FRISCO, TX 75033	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GMA TEXAS MANAGEMENT L	9901 VALLEY RANCH PKWY E	<input type="checkbox"/> Add
		SUITE 1030	<input checked="" type="checkbox"/> Remove
		IRVING, TX 75063	<input type="checkbox"/> Change
AMBR	AASHINI LLC	1002 ARISTA BLVD	<input checked="" type="checkbox"/> Add
		VALRICO, FL 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANIRUDHA JOSHI	2107 CLIMBING IVY DR	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SANDEEP MUSINIPALLY	7451 REVERCHON DR	<input checked="" type="checkbox"/> Add
		IRVING	<input type="checkbox"/> Remove
		TX 75063	<input type="checkbox"/> Change
AMBR	ASHUTOSH MODI	22 BALMORAL CASTLE DR	<input checked="" type="checkbox"/> Add
		ST JOHNS, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 26th, 2024

Signature of a member or authorized representative of a member

BHARATESH PATEL

Typed or printed name of signee

Filing Fee: \$25.00